

FILED APR 21 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

15312

BIRTH NO. _____		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>3056</u>		Registrar's No. <u>110</u>	
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Chariton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. LENGTH OF STAY (In this place) <u>2 Months</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Keytesville, Mo.</u>		<u>02/0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wabash Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>Woodland Ave.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u> b. (Middle) _____ c. (Last) <u>Davis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 15, 1953</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Black</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Sept. 26, 1892</u>	
9. AGE (In years last birthday) <u>60</u>		10. KIND OF BUSINESS OR INDUSTRY <u>R.R.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Not Known</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Section Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>R.R.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Not Known</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Not Known</u>		13b. MOTHER'S MAIDEN NAME <u>Not Known</u>		14. NAME OF HUSBAND OR WIFE <u>Not Known</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Un-Known</u>		16. SOCIAL SECURITY NO. <u>702-09-8632</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mary E. White</u> ADDRESS <u>Keytesville, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive Heart Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio-vascular-Renal Disease</u> DUE TO (c) <u>442X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u> <u>?</u>
19a. DATE OF OPERATION <u>2/10/53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Thrombosis of right femoral artery- secondary gangrene</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Other) <u>2/10/53</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>1/16/53</u> , 19 <u>53</u> , to <u>4/15/53</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Apr 15, 1953</u> , and that death occurred at <u>12:40 P.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>Avery P. Rowlette, M.D.</u> (Degree or title) <u>Surgeon in Charge</u>				23b. ADDRESS <u>415 Woodland Ave.</u> <u>Moberly, Mo.</u>		23c. DATE SIGNED <u>4/17/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-18-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Keytesville, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-18-53</u>		REGISTRAR'S SIGNATURE <u>James B. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hyatt & ...</u>		ADDRESS <u>Keytesville, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1953

JUN 11 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

H. D. Lamm

Licensed Embalmer No. *5046*

P. O. Address *Key Bazaar Inc*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.